

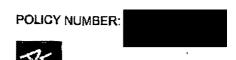
## CERTIFICATE OF LIABILITY INSURANCE

12400 1917

DATE (MM/DD/YYYY) 08/23/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s) FUSING WES OF THE SE PRODUCER CASH SECTION MARSH USA, INC PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ADDRESS: AUG 2 9 2016 Atlanta, GA 30326 NAIC# INSURER(S) AFFORDING COVERAGE Attn: Atlanta.Certrequest@marsh.com INSURER A : ACE American Insurance Company 22667 605106--Cas-16-17 N/A INSURED INSURER B : N/A UK of Policion Receive MasTec North America, Inc. N/A INSURER C : N/A 800 S Douglas Rd, 10th Floor N/A Coral Gables, FL 33134 INSURER D : N/A N/A INSURER E : N/A INSURER F: ATL-003426626-05 **REVISION NUMBER:8 COVERAGES CERTIFICATE NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDI SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD 09/15/2017 1,750,000 COMMERCIAL GENERAL LIABILITY 09/15/2016 **EACH OCCURRENCE** s DAMAGE TO RENTED PREMISES (Ea occurrence) 250.00 CLAIMS-MADE | X | OCCUR \$ SELF INSU SIR: \$250,000 \$ MED EXP (Any one person) 1.750,000 PERSONAL & ADV INJURY 20,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 6,000,000 PRODUCTS - COMP/OP AGG \$ POLICY OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) **BODILY INJURY (Per person)** \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) RECEIVED \$ IIMBRELLA LIAB LMU EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE AUG 2 9 2016 DED RETENTION \$ PER STATUTE OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY IDFPR E.L. EACH ACCIDENT \$ ANY PROPRIETOR/PARTNER/EXECUTIVE Div. of Professional Regulation OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Contractors License; George Bish 124 101917 **CANCELLATION CERTIFICATE HOLDER** State of Illinois SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Dividsion of Professional Regulation THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 320 West Washington Street, 3rd Floor Springfield, IL 62786 **AUTHORIZED REPRESENTATIVE** of Marsh USA Inc.

Manashi Mukherjee



## NOTICE TO POLICYHOLDERS

ace group

## NOTICE TO OTHERS – SCHEDULE NOTICE BY INSURED'S REPRESENTATIVE

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be in addition to our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B. The notice of cancellation, as provided by your representative, is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C. We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D. We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E. The provisions of this notice do not apply in the event that you cancel the Policy.

RECEIVED LMU

AUG 29 2016

IDFPR
Div. of Professional Regulation

ALL-34275 (10/11)